Medical Schools of California

UCLA School of Medicine

An Historical Vignette

THE GENESIS AND EARLY history of UCLA School of Medicine has been set forth in two earlier papers. The first of these was a brief sketch in 1964,[1] the second a much more complete account in 1966.[2] Accordingly the present account will focus primarily on the school's history from the time it began its abode in its first permanent buildings in 1954.

Substantive administrative actions leading to organization of the school include, (1) Board of Regents' approval of Regent Edward A. Dickson's motion to establish a medical school as a component of the University of California, Los Angeles (UCLA), 19 October 1945; (2) appointment by President Robert G. Sproul of a faculty advisory committee to plan the early development of the school, including selection of a location and recommendation of nominees for the post of dean; (3) passage of the initial appropriation bill to fund the school, 5 February 1946; and (4) appointment of Dr. Stafford L. Warren as the first dean in 1947.[1,2] The first four departmental chairmen, Drs. J. S. Lawrence (Medicine), C. M. Carpenter (Infectious Diseases), A. H. Dowdy (Radiology) and W. P. Longmire, Jr. (Surgery) and Miss Louise Darling as librarian, were appointed in 1947. Pending completion of permanent buildings, faculty and staff were housed in temporary quarters on the UCLA campus.[1,2]

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UCLA School of Medicine admitted its first class (28 students) in 1951. When that class graduated in 1955, the year 1951 was designated by the Council on Medical Education and Hospitals as the official organization date of the school, in line with the council's requirement that an initial four-year program be completed before full approval is granted (cf. 3, p. 565). Thus, with an official organization date of 1951, the UCLA school became the 81st approved medical school in the United States.[3]

There have been three fairly distinct phases of construction of permanent buildings for UCLA School of Medicine. The first began in 1951 and ended when the Medical School building and the University Hospital were occupied in 1954 and 1955 respectively. (The hospital, opened in part in 1955, was not ready for full use in the teaching program until 1956 — hospitals, like Kipling's ship, need time to "find themselves," to become effective integrated patient care and teaching units.) Clinical teaching programs had previously been located in selected public and private hospitals.[1,2] One of these, Harbor General Hospital, has become associated by contract with UCLA's medical teaching programs, while the Los Angeles Veterans Administration Center continues a close affiliation.

The second phase of building began to take form shortly after the first phase ended. It included addition of four new units to the original complex. These were the Brain Research Institute (founded and planned under the leadership of Professor

H. W. Magoun), the Neuropsychiatric Institute, the Laboratory of Nuclear Medicine and Radiation Biology and the Marion Davies Children's Clinic. All were completed by 1962.

The third and largest building phase was planned during the second phase—indeed, hammer and saw have never really been quiet since 1951, although one hopes this may happen as the third phase is now drawing to a close. It has been notable for expansion and coordinated remodeling of the original medical school and hospital as well as addition of such major new components and facilities as the Jules Stein Eye Institute, the Clarence and Margaret Reed Neurological Institute, the Hazel Wilson Pavilion, the Gwynne Hazen Cherry Laboratories, and the Rehabilitation and Mental Retardation Institutes. In this period two new health science schools, the Schools of Dentistry and Public Health, were added to the Center for the Health Sciences. These were so located that the whole organization of health sciences schools and facilities is clustered around the all-important Biomedical Library, now the major resource for biomedical literature in Southern California.

Salient information on each unit of the health sciences complex (to 1967), including date completed, size and construction materials, cost, financing and commentary is provided in the section on "Los Angeles Buildings and Landmarks" in the *Centennial Record* of the University of California (4, pp. 335-343). Brief histories of the Schools of Medicine, Dentistry, Public Health and Nursing, and of Medical School departments are also set forth in the Los Angeles Section of the *Record*.[4]

UCLA School of Medicine and the other eight American medical schools organized between 1943 and 1956 chose their dates of birth[5] wisely. For these schools the period of early growth and development came close to the beginning of federal support of medical research and training related to research and of matching grants for research construction under the aegis of the National Institute of Health (NIH). From 1947 to 1966 the dollar support for medical research in the United States increased 24-fold. The proportion of this support provided by NIH, significant from the start, rose continuously. This remarkable socioeconomic development has been well described by J. A. Shannon, one of its chief architects.[6] Its pervasive effect on American medical education was recently analyzed by T. B. Turner.[7] Direct federal assistance for general support of medical education was initiated by the Health Professions Educational Assistance Act of 1963, somewhat expanded and liberalized by amendments in 1965.[8] Without these programs of federal aid the nation would lack the existing strong educational programs in medicine so crucial in meeting the looming doctor shortage.

The first undergraduate medical curriculum at UCLA conformed with the general pattern of American medical curricula, which, as to courses and their sequence, changed little from 1920 to the 1950s. While revision and development of curricular microstructure were continuous in all medical schools in the United States during this period, it became more and more clear that the "information explosion" which stemmed from the accelerating pace of discoveries in biomedical research that marked the post-war era could not be contained by such methods. Little by little the curriculum had become overloaded and beset with makeshift modifications which virtually eliminated options and free time. By the 1960s it became clear that the curricular pattern that had worked so well for so long had become unsatisfactory. Curricular reform, which had tenuous beginnings before the war, now became recognized as necessary.

The first major revision of the medical curriculum at UCLA was designed in 1964-5 and adopted in 1966. This new curriculum, like many others, comprised a common core of basic science and clinical training, substantial blocks of elective time and considerable increase in free time. The elective programs and free time provided for flexibility and diversity. These features permit the student, in part at least, to mold his medical education to his abilities, interests and goals. They also provide a built-in device for continuous adaptation to the rising pace of change in medical science and clinical practice. The new curriculum pattern was planned in recognition of the fact that medical students no longer face a common future career. Only in its very core is medicine a single profession today. Outside that core lies a host of different careers, varying from public health and hospital administration to biochemical research, from gynecologic endocrinology to cardiac surgery, from academic medicine to family practice.

This brief account may be ended with a few comparisons which highlight the remarkable growth and development of UCLA School of Medicine in less than two decades. In the academic year 1951-52, the total student enrollment

was 28 (a first year class); in 1968-69 the total was 1,297. This figure includes 391 undergraduate medical students, 709 interns and residents and 197 M.S. and Ph.D. candidates. In 1951-52, the regular faculty numbered 34; in 1968-69 that figure was 248. A year ago a steady state was projected for 1972-73, in which the undergraduate medical students would total 512, interns and residents 913 and M.S. and Ph.D. candidates 300 for a student body of 1,725. Those assumptions may well prove an underestimate and do not include many hundreds of students in fields related to medicine in whose education the faculty of the School of Medicine participates significantly.

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